

UNIVERSITY OF WASHINGTON  
DEPARTMENT OF RECREATIONAL SPORTS PROGRAMS

DATE \_\_\_\_\_  
Month/Day/Year

MEMBERSHIP WAIVER CARD FOR \_\_\_\_\_ CLUB

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Student Husky ID Card # \_\_\_\_\_ Student/Faculty/Staff Spouse/RSSDP \_\_\_\_\_  
IMA Membership Card # \_\_\_\_\_

Faculty/Staff Husky ID Card # \_\_\_\_\_

Local Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
( )

Phone \_\_\_\_\_

Permanent Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
( )

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ ( )  
Name Phone

(PLEASE READ AND SIGN THE REVERSE SIDE)

CLUB SPORTS MEMBERSHIP WAIVER AND RELEASE

I, \_\_\_\_\_ am currently an enrolled student, faculty, or staff member at the University of Washington, or an eligible spouse/domestic partner, and voluntarily choose to participate in the \_\_\_\_\_ Club (hereafter "Club"), a registered student organization at the University of Washington (hereafter "UW").

I acknowledge that this sport involves inherent hazards and risks of serious personal injuries such as, but not limited to: paralysis, brain damage, loss of vision or limb function, permanent scarring, disability and/or death and I assume all such risks. I represent that I have the necessary physical abilities and conditioning to safely participate in this sport, and verify that I can swim or will wear a Coast Guard approved flotation device during Club aquatic activities.

In consideration for my participation as a member of the Club, I hereby waive and release the UW, it's agents and employees, and the Club and it's officers, coaches, and representatives from any and all liability for personal injury, or property damage or loss arising from my participation in Club activities, whether such loss results from my own negligence or that of other participants, or any other cause. My release includes practices, competition, use of equipment, travel to and from all Club activities, and any or all activities associated with the Club program.

I acknowledge that the UW does not provide accident/medical coverage for club sport participants, and recommends that each participant purchase an accident/medical plan that suits his/her needs, such as the UW Student Accident and Sickness Insurance Plan.

I HAVE READ THIS DOCUMENT, UNDERSTAND IT TO BE A BINDING CONTRACT, AND SIGN IT OF MY OWN FREE WILL.  
I FURTHER AGREE TO ABIDE BY ALL UW AND CLUB POLICIES AND REGULATIONS REGARDING MY PARTICIPATION.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

If under 18 years of age, participant must have his/her parent or guardian sign a club consent form.